

400 Garden City Plaza, Suite 300
Garden City, New York 11530
(516) 742-4343 - Telephone
(516) 742-4366 - Facsimile
E-mail: introp@ssmp.com

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To: Examiner Matthew John Kasztejna
Art Unit: 3739

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 12

Phone: 571-272-6086

Date: December 14, 2006

Re: USSN: 10/721,518
Our Docket: 17280

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RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on December 14, 2006:

1. Response W/Transmittal in Duplicate
2. Certificate of Transmission Under 37 C.F.R. 1.8

Applicant: Koji Yamaya, et al.
Serial No.: 11/721,518
For: ENDOSCOPE APPARATUS
Filed: November 25 2003
Docket: 17280
Dated: December 14, 2006
TS:cm

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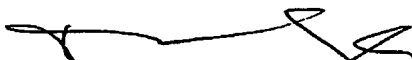
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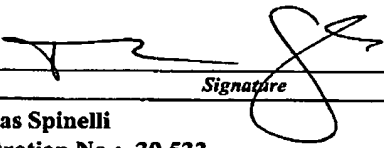
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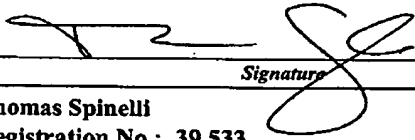
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17280	
Applicant(s): Koji Yamaya, et al.						
Application No. 10/721,518	Filing Date November 25, 2003	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5316	
Invention: ENDOSCOPE APPARATUS						
						RECEIVED CENTRAL FAX CENTER DEC 14 2006
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
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P11LARGE/REV10

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17280	
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INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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Conf. No.: 5316

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Sir:

In response to the Official Action dated September 14, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date set forth below.

Dated: December 14, 2006


Thomas Spinelli

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